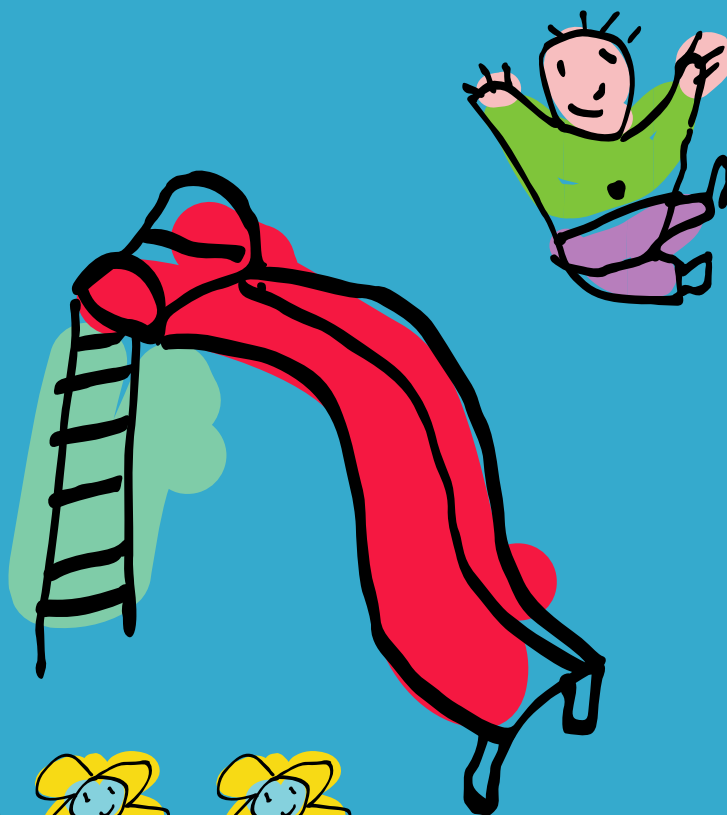
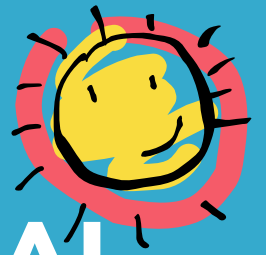




CERTIFIED APPLICATION ASSISTANT REFERENCE MANUAL



For Your
Family's Health

Provided by the State of California

March 1, 2003

TABLE OF CONTENTS

CHAPTER

1	PROGRAM OVERVIEW	
	Introduction and Contract Partners	1-1
2	CERTIFIED APPLICATION ASSISTANT	
	Role of the Certified Application Assistant	2-1
	Confidentiality	2-3
	Health-e-App	2-4
3	FAMILY SIZE/INCOME DETERMINATION	
	Getting Started	3-1
	Family Size	3-2
	Income Reference Charts	3-3
	Determine Gross Monthly Income and Deductions	3-6
	Deductions Reference Chart	3-7
	Determine Net Monthly Income	3-8
	Income Calculation Worksheet, Medi-Cal Screening	3-9
	Income Eligibility Guidelines	3-11
	Using Federal Income Tax Forms	3-12
	Sample Income Tax Forms	3-14
	Affidavit for Income Documentation	3-18
	Profit and Loss (Example)	3-21
	Notice of Action (Example)	3-22
4	MAIL-IN APPLICATION INSTRUCTIONS	
	Introduction	4-1
	Accelerated Enrollment (for Medi-Cal)	4-2
	Application Instructions, Section 1	4-8
	Application Instructions, Section 2	4-10
	Application Instructions, Section 3	4-13
	Application Instructions, Section 4	4-14
	Application Instructions, Section 5-6	4-15
	Application Instructions, Section 7	4-16
	Application Instructions, Section 8-9	4-17
	General Overview of Application Process	4-18

TABLE OF CONTENTS

CHAPTER

5	HEALTHY FAMILIES PROGRAM	
	Eligibility and Benefits	5-1
	Employer Sponsored Coverage	5-2
	Application Page A-4	5-3
	Plans and Providers General Information	5-4
	Page A-4, Declarations, Sections D, E, F	5-6
	Monthly Premium Instructions	5-7
	Premium Payments and Review/Appeal Process	5-8
	Healthy Families Program Review Form	5-9
	Early Enrollment / Open Enrollment	5-10
	Annual Eligibility Review	5-10
	Disenrollments	5-12
	Healthy Families Qualified Immigrants	5-13
	Healthy Families Flow Chart	5-14
	Healthy Families Add A Person Form	5-15
6	MEDI-CAL PROGRAM	
	General Information and Eligibility/Summary of Benefits	6-1
	Mail-in Application Eligibility	6-2
	Share-of-Cost Medi-Cal	6-2
	Confidentiality, Rights, Responsibilities and Declarations	6-3
	Medi-Cal Support Enforcement Program	6-4
	Annual Redetermination	6-6
	Immigration Status - Medi-Cal Program	6-7
	Benefits Identification Card	6-8
	Medi-Cal Flow Chart	6-9
7	DOCUMENTATION	
	Residency and Pregnancy	7-1
	Citizenship and Native American Indian Documents	7-2
	Immigration Status Documentation	7-3
	Confidentiality/Referral Numbers	7-4
8	APPLICATION ASSISTANCE REIMBURSEMENTS	
	Payments	8-1
	Incomplete Applications	8-2
	Tracking Application Assistance Payments	8-3
	Request for Payment Information	8-6
9	TARGET POPULATION PROGRAMS	
	Health Care Access Programs	9-1
10	REFERENCE PHONE NUMBERS	10-1